

 **NATIONAL ESTONIAN  
FOUNDATION OF CANADA**

To: **The National Estonian Foundation of Canada**  
956 Broadview Avenue  
Toronto, ON, CANADA M4J 2Y7

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please forward the enclosed TRANSFER REQUEST to my financial institution;
- Please notify your own financial institution;
- Please issue a corresponding charitable donation receipt to me.

**Charitable Donation of Securities In Kind  
\*TRANSFER REQUEST\***

Please complete this form for use as Authorization to facilitate a timely transfer. Transfer requests that do not contain the information requested herein may result in delayed deliveries. Please ensure a copy of any necessary supporting documentation is attached to your transfer request such as a Corporate Resolution with sample signatures for a corporate account, Powers of Attorney where the signing authority for an account differs from the client of record etc.

Please transfer the following position:

Description: \_\_\_\_\_ Quantity: \_\_\_\_\_

CUSIP: \_\_\_\_\_

***Delivering Institution Information (Required) Delivering Institution***

Name: \_\_\_\_\_  
Account Name (Name of Donor): \_\_\_\_\_  
Account # \_\_\_\_\_ Delivering Institution FINS or DTC: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Receiving Institution Information (Required) Receiving Institution***

Name: Penson Financial Services Canada Account Name: National Estonian Foundation of Canada  
Account # 2236CWA/B Receiving Institution FINS: M026 or DTC:5063 CUID: ECEM  
Contact Name: Jacqueline Gordon Phone: 416-943-4330  
Address: 360 Saint Jacques St. 12<sup>th</sup> FL Montreal, QC H2Y 1P5

Additional Information: Please include any additional necessary 'For Further Credit' or Reference Information.

Contributing Client Authorization:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This transfer is a charitable donation to The National Estonian Foundation of Canada.  
Reg. nr. 889145 2575 RR0001

**Delivering Institution please forward a completed copy of this form to Client Transfer Services Transfer In department prior to making your delivery. Fax to: 877-639-4547**